



Landlord-Tenant Complaint Form

Office of Manufactured Housing
Ombudsman Services

Please complete this form and return it in the envelope provided. Once we receive the form, a case manager will be in contact with you. Along with this form, it is recommended that you send our office a copy of any written communication you have had with the other party such as a copy of your complaint, lease, park rules, receipts, correspondence, etc.

- ☐ I am the owner of a mobile/manufactured home and/or park resident.
☐ I am a park owner/ manager.

Contact Information

Contact

Name

Telephone Number

Street or PO Box

City

State

Postal Code

Email

FAX

Park Information

Park

Name

Number of Lots

Street or PO Box

City

State

Postal Code

Owner

Name

Telephone Number

Street or PO Box

City

State

Postal Code

Manager

Name

Telephone Number

Street or PO Box

City

State

Postal Code

Identification of the Issue

Describe the complaint or violations that you believe apply.

Steps Taken to Address the Issue

Describe the measures you have taken to resolve the issue.

Outcome

Describe what you would consider a satisfactory outcome to the issue.

Approval and Signature

I confirm that the information given in this request and any attachments are true and correct to the best of my knowledge.

Signature

Date

Mail To:
Office of Manufactured Housing
P.O. Box 42525
Olympia WA 98504-2525

(360) 725-2971 or 1-800-964-0852 (Free Call Within Washington State)
FAX (360) 586-5880